

# ENCOUNTER KEYS



## THIRD PARTY LIABILITY (TPL) LEAD FILE PILOT PROJECT

### INSIDE THIS ISSUE:

<i>Third Party Liability</i>	1
<i>Dilemmas</i>	2
<i>System Updates</i>	3-8



**Data Analysis &  
Research Unit**  
P.O. Box 25520  
Phoenix, AZ 85002-5520  
Mail Drop #6600

**Fax: 602-417-4725**

internet:www.ahcccs.state.  
az.us/publications

**Technical Assistance Con-  
tact:**

AHCCCSencounter@az  
Ahcccs.gov

Verified TPL records from the Initial TPL Verification file from our Contractor have been processed into the AHCCCS system. The daily TPL file, proprietary format, with the verified records for your enrolled population has been created. In addition, the Master Carrier File is now available on the FTP server at: [/ftp/ShareINFO/Reference/Out/Prod/RFCARID100704.TXT](ftp://ShareINFO/Reference/Out/Prod/RFCARID100704.TXT)

AHCCCS' contractor for TPL verification, Professional Consulting Group, Inc. (PCG), is now able to receive TPL referral information electronically via the web. There are no usernames or passwords required to access the system. Please copy the following address into your internet browser: <https://cmts.pcgus.com/tplreferrals/>

Additional information regarding the TPL pilot follows.

### **Web or Health Plan TPL Referral File**

Both the Professional Consulting Group, Inc. (PCG) web site and the Health Plan TPL Submission File provide electronic methods of sending referrals of TPL data to AHCCCS. The PCG web process provides the ability to submit single TPL referrals while the Health Plan TPL Submission provide the ability to send batch TPL referrals. TPL referrals submitted via either route will proceed through the TPL validation process and AHCCCS will be notified of the verification results (a verified TPL record or an invalid record).

### **Health Plan Invalid TPL Notification File**

The Health Plan Invalid TPL Notification file is a file of TPL referrals that PCG did not validation. This could be due to the fact the policy was not a medical policy, the member was not covered by the policy, the policy terminated over 12 months in the past or there was not adequate data to validate the policy.



## DILEMMAS

For the months of November and December, 2004, the following error code conditions are not subject to sanction when conditions listed are met:

- ◆ F100 - Procedure Code Missing or Invalid (AHCCCS coding needs to include new format of NNNNA)
- ◆ P340 - Provider Specific Rate Not On File For DOS (Only for Nursing homes billing therapy services)
- ◆ S385 - Service Units Exceed Maximum Allowed for **8XXXX** series CPT codes
- ◆ V398 - Procedure Code Must Be A Valid HCPCS Format of NNNNA (AHCCCS coding needs to include new format of NNNNA)

The Health Plan Invalid TPL Notification file is a daily file that contains invalid TPL data processed from PCG that day for any member who is enrolled into that plan or for any TPL referred to AHCCCS by that plan (even though the member may no longer be enrolled with the plan). The file can be located in the VPN server under each Health Plans folder. The path is */ftp/health plan folder name/RCP/TPL/PROD/yymmdd.NOT*.

AHCCCS is sharing the Invalid Notification files with the Health Plans to ensure that they are aware the coverage was determined as invalid and that AHCCCS will not identify that coverage as TPL. The plans can use this information to determine if they also have this data in their system for the member. Any encounter submitted with this data in the COB section when AHCCCS does not have TPL may delay the processing of the encounter.

### Master Carrier File and ID Number

The Master Carrier file is an attempt to standardize incoming TPL referrals. The Carrier ID number is currently an AHCCCS or PCG assigned number. It is not required but can be used for submitting TPL data to ensure consistency of carrier names and addresses.

The Master Carrier file has been placed on the VPN server under the following folder:

*/ftp/ShareINFO/Reference/Out/Prod/RFCARIDmmdyy.TXT.*

Currently AHCCCS expects to provide this file monthly as updates are received from PCG. These updates occur around the 15th of each month.

If you have questions, please contact John Nystedt, TPL Administrator at 602-417-4386, or Brent Ratterree, Encounter Administrator at AHCCCS [Encounters@azahcccs.gov](mailto:Encounters@azahcccs.gov)

---

## SYSTEM UPDATES

### Provider Type

- ♦ Effective with dates of service 01/01/2004 and after the following HCPCS codes can be reported by provider type 03 (Pharmacy):
 

A7520	Tracheostomy/Laryngectomy Tube, Non-Cuffed, Polyvinylchloride
A7521	Tracheostomy/Laryngectomy Tube, Cuffed, Polyvinylchloride (Pvc)
A7522	Tracheostomy/Laryngectomy Tube, Stainless Steel Or Equal
A7523	Tracheostomy Shower Protector, Each
A7524	Tracheostoma Stent/Stud/Button, Each
A7525	Tracheostomy Mask, Each
A7526	Tracheostomy Tube Collar/Holder, Each
A9999	Miscellaneous Dme Supply Or Accessory, Not Otherwise Specified
- ♦ Effective with dates of service on and after 10/01/2003 provider type 27 Adult Day Health can report the following HCPCS code S5170 - Home delivered meals, including preparation; per meal.

### Limit Change

Effective with dates of service on and after 11/09/2004 HCPCS code E0973 (Wheelchair accessory, adjustable height, detachable armrest), can be reported with a daily limit of two (2).

### **AHCCCS' NEW email addresses**

Effective December 1, 2004 AHCCCS will be updating e-mail addresses. The new format for e-mail will be First Name.Last Name@azahcccs.gov (the letters are not case sensitive). Examples:

<u>AHCCCSHIPAAWorkGroup</u>	<u>ahcccsshipaaworkgroup@azahcccs.gov</u>
AHCCCSHIPAATestTeam	<u>ahcccsshipaatestteam@azahcccs.gov</u>
AHCCCSOutpatientHospitalFeeSchedule	<u>ahcccsoutpatienthospitalfeeschedule@azahcccs.gov</u>
AHCCCSEncounters	<u>ahcccsencounters@azahcccs.gov</u>
HIPAAATCSPProblemReportForm	<u>HIPAAATCSPProblemReportForm@azahcccs.gov</u>
AHCCCSEncounterSubmissions	<u>AHCCCSEncounterSubmissions@azahcccs.gov</u>

### **Updated 837 Companion Document On Web**

The updated 837 Companion document can now be found on the AHCCCS website:  
<http://www.ahcccs.state.az.us/HIPAA/Documents/Default.asp>



**Modifier**

Effective with dates of service on and after 01/01/2004 the modifier 50 - Bilateral Procedure can be reported on the following CPT codes:

<b>CPT CODES</b>	<b>DESCRIPTIONS</b>
52327	Cystourethroscopy (Including Ureteral Catheterization)
69440	Middle Ear Exploration Through Postauricular Or Ear Canal
69450	Tympanolysis, Transcanal
69501	Transmastoid Antrotomy ("Simple" Mastoidectomy)
69502	Mastoidectomy; Complete
69505	Mastoidectomy; Modified Radical
69511	Mastoidectomy; Radical
69530	Petrous Apicectomy Including Radical Mastoidectomy
69535	Resection Temporal Bone, External Approach
69540	Excision Aural Polyp
69550	Excision Aural Glomus Tumor; Transcanal
69552	Excision Aural Glomus Tumor; Transmastoid
69554	Excision Aural Glomus Tumor; Extended (Extratemporal)
69601	Revision Mastoidectomy; Resulting In Complete Mastoidectomy
69602	Revision Mastoidectomy; Resulting In Modified Radical Mastoidectomy
69603	Revision Mastoidectomy; Resulting In Radical Mastoidectomy
69604	Revision Mastoidectomy; Resulting In Tympanoplasty
69605	Revision Mastoidectomy; With Apicectomy
69610	Tympanic Membrane Repair, With Or Without Site Preparation Of Per
69620	Myringoplasty (Surgery Confined To Drumhead And Donor Area)
69631	Tympanoplasty Without Mastoidectomy (Including Canalplasty, Attic
69632	Tympanoplasty Without Mastoidectomy (Including Canalplasty, Attic
69633	Tympanoplasty Without Mastoidectomy (Including Canalplasty, Attic
69635	Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty
69636	Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty
69637	Tympanoplasty With Antrotomy Or Mastoidotomy (Including Canalplasty
69641	Tympanoplasty With Mastoidectomy (Including Canalplasty, Middle Ear
69642	Tympanoplasty With Mastoidectomy (Including Canalplasty, Middle Ear
69643	Tympanoplasty With Mastoidectomy (Including Canalplasty, Middle Ear
69644	Tympanoplasty With Mastoidectomy (Including Canalplasty, Middle Ear
69645	Tympanoplasty With Mastoidectomy (Including Canalplasty, Middle Ear
69646	Tympanoplasty With Mastoidectomy (Including Canalplasty, Middle Ear
69650	Stapes Mobilization



- 69660 Stapedectomy Or Stapedotomy With Reestablishment Of Ossicular Continuity
- 69661 Stapedectomy Or Stapedotomy With Reestablishment Of Ossicular Continuity
- 69662 Revision Of Stapedectomy Or Stapedotomy
- 69666 Repair Oval Window Fistula
- 69667 Repair Oval Window Fistula Repair Round Window Fistula
- 69670 Mastoid Obliteration (Separate Procedure)
- 69676 Tympanic Neurectomy
- 69700 Closure Postauricular Fistula, Mastoid (Separate Procedure)
- 69710 Implantation Or Replacement Of Electromagnetic Bone Conduction Hearing Device in Temporal Bone
- 69711 Removal Or Repair Of Electromagnetic Bone Conduction Hearing Device in Temporal Bone
- 69714 Implantation, Osseointegrated Implant, Temporal Bone, With Percut
- 69715 Implantation, Osseointegrated Implant, Temporal Bone, With Percut
- 69717 Replacement (Including Removal Of Existing Device), Osseointegrat
- 69718 Replacement (Including Removal Of Existing Device), Osseointegrat
- 69720 Decompression Facial Nerve, Intratemporal; Lateral To Geniculate
- 69725 Decompression Facial Nerve, Intratemporal; Including Medial To Geniculate Ganglion
- 69740 Suture Facial Nerve, Intratemporal, With Or Without Graft Or Decompression; Lateral To Geniculate Ganglion
- 69745 Suture Facial Nerve, Intratemporal, With Or Without Graft Or Decompression
- 69799 Unlisted Procedure, Middle Ear
- 69801 Labyrinthotomy, With Or Without Cryosurgery Including Other Nonex
- 69802 Labyrinthotomy, With Or Without Cryosurgery Including Other Nonex
- 69805 Endolymphatic Sac Operation; Without Shunt
- 69806 Endolymphatic Sac Operation; With Shunt
- 69820 Fenestration Semicircular Canal
- 69840 Revision Fenestration Operation
- 69905 Labyrinthectomy; Transcanal
- 69910 Labyrinthectomy; With Mastoidectomy
- 69915 Vestibular Nerve Section, Translabyrinthine Approach
- 69930 Cochlear Device Implantation, With Or Without Mastoidectomy
- 69949 Unlisted Procedure, Inner Ear
- 69950 Vestibular Nerve Section, Transcranial Approach
- 69955 Total Facial Nerve Decompression And/Or Repair (May Include Graft
- 69960 Decompression Internal Auditory Canal
- 69970 Removal Of Tumor, Temporal Bone
- 69979 Unlisted Procedure, Temporal Bone, Middle Fossa Approach



**November Cycle Interruption**

From November 3<sup>rd</sup> through November 5<sup>th</sup> an interruption to AHCCCS' translator resulted in random files not matching BBA certification and one file failure due to incorrect mapping. AHCCCS processed those files that failed due to AHCCCS' error, in the December cycle.

**Coverage Code Change**

- Effective with date of service on and after 11/01/2004 the coverage code for CPT code 99456 (Work related or medical disability examination by other) has been changed to 04 (Not covered service/code not available).
- Effective with dates of service on and after 10/01/2004 the coverage code for the following CPT codes has been changed to 01 (Covered service/code available):
  - 90660 (Influenza virus vaccine, live, for intranasal use)
  - 90473 (Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid))

**New Edits**

- Effective with dates of service on and after 07/01/2005, edit S387 (Billed Anesthesia Minutes Exceed 1200), will be active for Form A (HCFA 1500) and D (Dental).
- Effective with dates of service on and after 08/01/2001 and a CRN date of 03/01/2005 or greater, P450 (Service can only be Billed by Specialty Care Providers) will be active for form A (HCFA 1500).

Please note that this edit will allow for appropriate reimbursement of Air Ambulance Speciality Care Transportation codes:

A0430 (Ambulance Service, Conventional Air Services, Transport,)  
A0431 (Ambulance Service, Conventional Air Services, Transport)  
A0435 (Fixed Wing Air Mileage, Per Statute Mile)  
A0436 (Rotary Wing Air Mileage, Per Statute Mile)  
A0888 (Noncovered Ambulance Mileage, Per Mile (E.G., For Miles))

billed with modifier TH (OB TX/SRVCS Prenatl/Postpart) and code A0225 (Ambulance Service, Neonatal Transport, Base Rate, Emergency) without the modifier. Health Plans may see additional pends for this error code, as a special cycle will be run to ensure appropriate code/modifier/provider combinations and reimbursement.

**Place of Service (POS)**

- ♦ Effective with dates of service on and after 01/01/2004 the HCPCS code V2100 (Sphere, single vision, plano to plus or minus 4.00, per lens), can now be reported with POS 22 - Outpatient hospital.
- ♦ Effective with dates of service on and after 04/01/2004 the HCPCS codes K0628 (For diabetics only, multiple density insert, direct formed) and K0629 (For diabetics only, multiple density insert, custom molded) may be reported with POS:

05	Indian Health Service Free-Standing
06	Indian Health Service Provider-Base
07	Tribal 638 Free-Standing Facility
08	Tribal 638 Provider-Based Facility
11	Office
12	Home
21	Inpatient Hospital
22	Outpatient Hospital
31	Skilled Nursing Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
50	Federally Qualified Health Center
61	Comprehensive Inpatient Rehab Facility
62	Comprehensive Outpatient Rehab Facility

- ♦ Effective with dates of service on and after 01/01/2004 the HCPCS code E0316 (Safety Enclosure Frame/Canapy for Use with Hospital Bed, any type) can be reported with POS 31 (Skilled Nursing Facility).
- ♦ Effective with dates of service 01/01/2004 and after the CPT codes 01991 (Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position 01992 (Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); prone position can be reported with the following place of services:

11	Office
20	Urgent Care Facility
23	Emergency Room - Hospital
61	Comprehensive Inpatient Rehab Facility
62	Comprehensive Outpatient Rehab Facility



**Category of Service (COS)**

Effective with dates of service on and after 01/01/1999 the following HCPCS codes can be reported with the following COS:

A5200	Percutaneous Catheter/Tube Anchoring Device, Adhesive Skin Attach	40 - Medical Supplies
A6000	Non-Contact Wound Warming Wound Cover For Use With The Non-Contact	40 - Medical Supplies
S2053	Transplantation Of Small Intestine And Liver Allografts	02 - Surgery
S2054	Transplantation Of Multivisceral Organs	02 - Surgery
S2065	Simultaneous Pancreas Kidney Transplantation	02 - Surgery
S9449	Weight Management Classes, Non-Physician Provider, Per Session	01 - Medicine
S9452	Nutrition Classes, Non-Physician Provider, Per Session	01 - Medicine

**Draft Reports**

Two new draft reports Pended Encounters Detailed Aging Report (EC9EM187) and Duplicate CRN By Error Code (EC97R179) found on the FTP server, were unexpectedly moved into production. For working your current pended encounters, please disregard these reports. Please review and comment on the draft reports. Report layouts will be finalized by December and the new reports available in February 2005.

**Limit Change**

Effective with dates of service on and after 11/09/2004 HCPCS code E0973 (Wheelchair accessory, adjustable height, detachable armrest), can be reported with a daily limit of two (2).

**Change in Coding for Risperidone**

There is a difference in the units specified in the description of the discontinued S0163 (Injection, Risperidone, long acting, 12.5 mg) and the new code J2794 (Injection, Risperidone, long acting, 0.5 mg).

CMS HCPCS workgroup staff has confirmed that the unit associated with J2794 is not a misprint. The Workgroup will often approve a new code with a unit of service that represents the lowest common denominator of possible billing units. To bill a multiple of 0.5 mg, the provider/biller would enter the appropriate number of units in the units field. To bill 12.5 mg, the appropriate number of units would be 25.



***HAVE A SAFE AND  
MERRY HOLIDAY!***

